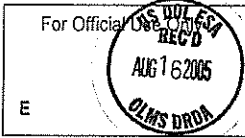


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>9231</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Anthony F Capaccio</u> P.O. Box, Bldg., Room No., if any Street <u>438 4th St.</u> City <u>Hammonton</u> State <u>New Jersey</u> ZIP Code + 4 <u>08037</u>	4. Name, file number, and address of labor organization. Name <u>Laborec's Local 172</u> Labor Organization File Number <u>004816</u> P.O. Box, Building and Room Number, if any Street <u>604 Borden town Rd.</u> City <u>Trenton</u> State <u>New Jersey</u> ZIP Code + 4 <u>08610</u>
5. Position in labor organization. <u>Secretary - Treasurer - Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Anthony Capaccio</u>	On <u>8-11-05</u> Date	<u>609-291-9100</u> Telephone Number

Name of Person Filing <u>Anthony F. Capaccio</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Laborer's Health + Safety Fund
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 905 16th St., NW
City Washington
State D.C. ZIP Code + 4 20006

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State
ZIP Code + 4

11.a. Nature of such dealing.

Provides health and safety Assistance to related funds and Signatory Employers.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

6/6/04 Recieved Tacket from the Fund. Estimated at 100.00
See Addendum A.

12.b. Amount. 100.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State
ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

PARENT ORGANIZATION:
LABORERS INTERNATIONAL UNION OF
NORTH AMERICA



LOCAL



AFFILIATED WITH:
AMERICAN FEDERATION OF LABOR-CIO
NJ HEAVY & GENERAL CONSTRUCTION
LABORERS' DISTRICT COUNCIL
NJ STATE BUILDING TRADES COUNCIL

172 OF SOUTH JERSEY

CONSTRUCTION AND GENERAL LABORER'S UNION

(609) 291-9100 • Raymond M. Pocino Building • 604 Bordentown Rd., Trenton, NJ 08610 • FAX (609) 291-0158

E. FRANK DI ANTONIO
President & Business Manager

Addenda To The LM-30

ANTHONY CAPACCIO
Secretary-Treasurer

Addendum A (Unsolicited Gifts or Promotional Items)

LACEY WALKER
Vice President

In 2004, I recall that I was given a jacket from the New Jersey Laborers Health & Safety Trust as a complimentary promotional item while attending a Conference. At no time did I solicit the item. I have no knowledge as to the exact value of the jacket.

DEREK WEBER
Recording Secretary

NABIH SHEHATA
Executive Board

DONALD LANAHAN
Executive Board

JOSEPH DE MARCO, JR.
Executive Board

FRANK A. DI ANTONIO
Sergeant-at-Arms

GARY ROMANOWSKI
Auditor

BRENDAN ROSENBERG
Auditor

RUSSELL DAVIS
Auditor

DRILLING • BLASTING • ROADS • SEWERS • VIADUCTS • BRIDGES • FOUNDATIONS • RAILROAD SIDINGS • EXCAVATIONS
CONCRETE WORK • WRECKING • LANDSCAPING • ALL HEAVY CONSTRUCTION WORK IN MERCER, BURLINGTON, OCEAN,
CAMDEN, GLOUCESTER, SALEM, ATLANTIC, CUMBERLAND, AND CAPE MAY COUNTIES

PARENT ORGANIZATION:
LABORERS INTERNATIONAL UNION OF
NORTH AMERICA



LOCAL



AFFILIATED WITH:
AMERICAN FEDERATION OF LABOR-CIO
NJ HEAVY & GENERAL CONSTRUCTION
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August 12, 2005

E. FRANK DI ANTONIO
President & Business Manager

ANTHONY CAPACCIO
Secretary-Treasurer

LACEY WALKER
Vice President

DEREK WEBER
Recording Secretary

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U. S. Department of Labor
Employee Standards Administration
Office of Labor Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, D.C. 20210

Re: Form LM-30 Filing for Lacey Walker

Dear Sir or Madam:


Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records and relied upon my best recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that an employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that in that circumstance I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of reportable events in 2004.

Sincerely,


Lacey Walker
Vice President